Deaf Persons' Interpreter Act 1982 PA 204 amended 2007 INDEPENDENT STUDY REQUEST

CONTINUING EDUCATION UNITS

DODHH OFFICE USE ONLY

Receive date:

Approval date:

Not Approved date:

Request #

INSTRUCTIONS:

- Review the DODHH document, MI Requirements for Credentialed Sign Language Interpreters Continuing Education Units (CEU's) Guidelines located in the For Interpreters and Forms and Publications section at www.michigan.gov/mcdcdodhh.org to determine if this request meets DODHH independent study criteria before submission. See approved types listed below.
- Please submit one form for each request. Allow 30 business days for review and processing of request.
- Form must be filled out completely before DODHH review; type or print legibly with all required information and documents attached.
- DODHH review and approval is required for all independent study requests. CEU's will not be granted for any activities or annual renewals prior to review and approval.
- All correspondence regarding independent study CEU's, after receipt, will be done via email unless otherwise agreed upon between DODHH staff and the applicant.
- DODHH recommends that a copy of all correspondence is kept by the requestor for filing purposes.
- Submit Attn: DODHH Independent Study, to DODHH at DODHH@Michigan.gov, fax or US Mail: at 517-335-7773 or DODHH 201 N. Washington Square Ste. 150 Lansing MI 48913.

(PRINT) NAME: (FIRST)		(l	LAST)
ADDRESS:			
EMAIL:		PHONE:	
		(HOME)	(CELL)
1. Check type of CEU's: Professional		General	
2. List number of CEU's requested:			
* CEU's will be applied to all eligible state credentials of the applicant			
READ AND ATTACH REQUIRED DOCUMENTS			
CHECK TYPE OF CEU	(PRE- APPROVAL)		(POST -APPROVAL)
REQUESTED	REQUIRED WITH INITIAL REQUEST –		REQUIRED IF APPROVED- * (SEND ATTACHED
(BELOW)	(ATTACH WITH REQUEST)		WITH ANNUAL CEU RENEWAL)
	1. Name/credentials of mentor		Mentor signed/dated agendas
MENTORING	2. Dates/agenda of skill develogoals	pment	2. Notes/details of agenda mentor feedback
	1.Attach public advertisement of	of event	Certificate of attendance
EVENT	with approved CEU's sponsors	hip <u>other</u>	<u>or</u>
	than RID		2. Signed letter of attendance
	2. Attach agenda (if available)		
Signature of Requestor:			Date:
DODHH Office use only:			
DODHH Staff Signature Date:			Date:
DODINI Stan Signature			Date

Staff Notes: